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From the editor

Care for the caretakers

This issue opens with a contribution by *Penelope Curling and Kathleen B. Simmons*

who share the results of a large survey among almost 4000 staff members of a UN organisation on stress and support strategies for workers. The most distressing factors for workers were related to workload and working hours. Even when they were stationed in emergency settings, work related factors were rated as more stressful than the humanitarian and security situation in the country. The findings of this study underline how important it is for organisations to foster social support for their staff in insecure environments. The authors discuss what kind of staff support services could be adopted, such as employing staff counsellors, or installing a *peer helper system*.

Elsewhere in this issue, three psychosocial trainers working in an Asian country describe in a field report how they developed a *stress management workshop*. Their description of a local initiative with *home-grown solutions* reminds us of the importance of working *'bottom up'*, thus avoiding the risk that global protocols impose of *'one size fits all solutions'* to diverse groups in various contexts.

Winnicott in the West Bank

In this issue, *Valérie Gaboulaud* and her colleagues of Médecins Sans Frontières (MSF) France present an article with data on clients that had been offered psychotherapy in the occupied Palestinian territory. The chosen therapy form, psychodynamic psychotherapy, was based on the principles of the famous psychoanalyst Winnicott. The set-up of this article has several limitations, which the authors acknowledge: firstly, the outcome of the therapy is not rated by an independent observer or the client him or herself, but rather by the therapist involved in the treatment. Secondly, there was no control group to compare the

results. Based on these results, we cannot draw hard conclusions on the effectiveness of psychodynamic psychotherapy in this setting. However, MSF is to be lauded for their efforts to document and share their observational data with others in the field. We would like to encourage other non-governmental organisations to do the same. Additionally, there is a lot to say about the intervention used in this programme. Many of our readers may believe that psychodynamic therapy, with its individualistic view of psychological development, and done by an expatriate psychotherapist may *not* be the intervention of choice in the occupied Palestinian territory, due to its continuous state of violence and repression. We have invited two teams of experts to discuss this article. *Yöke Rabaia, Viet Nguyen-Gillham and Rita Giacaman* of the Institute of Community and Public Health of Birzeit University in the West Bank fear that the individualistic approach may *'fuse social suffering and misery with psychiatric symptoms, which can then be relieved through individual therapy'*. They advocate for a psychosocial approach at the community level. *Susan Prosser*, a psychodynamic psychotherapist with UNICEF in Jordan and *Ahmad Bawaneh*, a counselling psychologist with the International Medical Corps in Jordan, wonder in their commentary how psychodynamic psychotherapy would have to be adapted to suit the Palestinian context and strongly focus on the importance of the role of interpreters in cross-cultural psychotherapeutic work.

The role of religion in mental health and psychosocial support (MHPSS) work in emergency settings

This issue also contains two contributions on mental health and psychosocial support in the aftermath of the earthquake in

Haiti. A field report by *Guglielmo Schininà* and his colleagues from the International Organization for Migration (IOM) provides a quick overview of their activities over the first 10 weeks after the disaster. These activities vary from direct service provision to the most needy, to capacity building aimed at a more sustainable change. Their report contains an overview of socio-cultural aspects of Haitian society, such as the importance of music and dance in popular Haitian culture, the role of religious traditions such as *vodou* and the importance of traditional mechanisms of social organisation called *lakou*.

Alison Schaffer, who is the psychosocial coordinator of World Vision International, used recent experiences of the organisation in Haiti as a starting point for an article on the role of religion in psychosocial work in humanitarian crises. Religion is a powerful force for wellbeing, both as a force of meaning generation and consolation, and as a source of social support and social connectedness. However, the potential value of religion and spirituality is undervalued, or even ignored, in psychosocial interventions. Schaffer's plea is for more attention to the potential role of religion in psychosocial work is therefore well made. However, blurring the line between psychosocial support and *'spiritual support'* could lead promoting specific religious values to distressed populations, and may even amount to proselytising of vulnerable groups. The dilemma surrounding the uneasy relation between religion and psychosocial work definitely warrants more exploration.

About community kitchens and ball games. . .

A field report by *Michael Paratharayil* describes and analyses two models of psychosocial interventions adopted by local organisations in Burma/Myanmar after a

cyclone in 2008. One project focused on community and group interventions, and was centred around a *'community kitchen'*. This intervention, by itself, can hardly be called *'psychosocial'*, but, nevertheless, had a significant impact on the psychosocial wellbeing of the participating survivors, and mobilised mechanisms of mutual support and solidarity among them. The other project also consisted of targeted, trauma focused interventions for individuals with more severe and persisting psychological complaints. This project was integrated in a *'multilayered system'*, but unfortunately had quite a few aspects of a stand alone intervention.

Clemens Ley & María Rato Barrio review the contribution of movement, games and sport in psychosocial interventions within the context of (post) violence, disaster and conflict. They illustrate this with many examples, including their own experiences in Guatemala. Finally, medical anthropologist *Grace Akello* critically reviews a recent publication on the life experiences of former child soldiers in Cote d'Ivoire and looks for parallels and differences with her own research with abducted children in northern Uganda.

A call for papers

We hope that this issue of *Intervention* will provide our readers with some food for thought. You may feel inspired by some of the contributions, may disagree, or even be irritated by others. The editorial board invites you to reflect on topics that filled these pages, including, but not limited to, *'staff care'*, *'religion and psychosocial work'*, *'local initiatives versus global guidelines'*. The editors plan to dedicate special sections of future issues to themes such as *'the integration of mental health into primary care in post conflict settings'* and *'the role of sport and play in psychosocial interventions'*.

In particular we solicit brief field reports describing your experiences, with a particular intervention approach, in a particular setting. We do not want to hear only ‘*success stories*’, but encourage you to share dilemmas

and challenges that have arisen in your own work.

Peter Ventevogel
Editor in chief